

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-039352

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 178

Primary Registration District No.

Registrar's No.

94

FILED NOV 7 1962

1. PLACE OF DEATH

a. COUNTY Lewis

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Canton

Length of stay in lb
2 yrs.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION At home

Inside Limits
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Lewis

c. CITY OR TOWN Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rural, Canton Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Oscar Charles Grimmer

4. DATE OF DEATH
Month Day Year
Oct. 20, 1962

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH
12-7-1906

9. AGE (last birthday)
55

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Lathing

10b. KIND OF BUSINESS OR INDUSTRY
Mickey Const. Co.
Mt. Pleasant, Iowa

11. BIRTHPLACE (City and state or country)
Quincy, Illinois

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Charles S. Grimmer

13b. MOTHER'S MAIDEN NAME

Margaret Schildt

14. NAME OF HUSBAND OR WIFE

Ruth Perry

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give dates of service)
Yes WW 2

16. SOCIAL SECURITY NO.

17. INFORMANT
Address
Wm. H. Grimmer, Pittsfield, Ill.

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

Instant

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

One way home after hunting

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
Natural Cause

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Body found at his home after 3 or 4 days

20c. TIME OF INJURY
Hour Month, Day, Year
Oct 20 1962

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
at home

20f. CITY, TOWN, OR LOCATION
Canton, Rural Lewis Co. Mo.

21. I attended the deceased from _____, to _____, and last saw her alive on _____.
Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

Carl H. Buckley

(Degree or title)

22b. ADDRESS

Canton, Missouri

22c. DATE SIGNED

10-26-62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
10-26-1962

23c. NAME OF CEMETERY OR CREMATORY
Green Mount Cemetery

23d. LOCATION (City, town, or county)
Quincy, Adams Co. Ill.

24. FUNERAL DIRECTOR

Carl H. Buckley, Canton, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

11-2-62

26. REGISTRAR'S SIGNATURE

Wm. Henry Lloyd

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0560

2 0560

3

4 0

5 3

6

7 1

8 2

9 420.1

10

11

12 90-3

13 1-0

NOV 9 1962

NOV 10 7 00 AM

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed ^{NOT} ~~by me~~,
or by Not embalmed but placed in hermetically sealed container &asket Student Embalmer No. _____
Body badly decomposed.
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Earl H. Burkley

Licensed Embalmer No. 7615

P. O. Address Camden, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.